

City or Town of:

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2015 NOV

	orting Period dates: Beginning	1/1/	7/14/15
8th day	eport: (Check one) preceding 8th day preceding onary/primary	election 30th day following electio	n 20th day of January (Year-End Report)
. I certify the . I certify the and do not	G.L., Chapter 55: at I am a candidate for or hold Municipa at I have not received any contributions, have a campaign fund in existence. at I do not have a political committee.	ol Office. made any expenditures, or incurred any ob	ligations during this reporting period,
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
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Form CPF

M 102-0: Campaign Finance Report	
Municipal Form Office of Campaign and Political Finance	11 美名
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City or 7	Town of: Le	POMINSTA	and the second s				and the later of t		
	Please print or type all information, except signatures.								
Fill in da Reportin	ates: g Period Beginning	Month Anuxy	Day 1	Year 2015	Ending	Month Octob	Day 2.3		
Type of	Report: (Check One	e)	registron programme de la principa de la constantina del constantina de la constantina de la constantina del constantina de la constantina del constantina del constantina del constantina del constantina del con	Al apagestica del coni de Apresenti de sup	, , , , , , , , , , , , , , , , , , , 		<u>na aprili, iyakulu iyo</u> apd <u>uniyakkani ida cilakeni</u>	ing na digital	
1	h day preceding eliminary/primary	₩ 8th day pr	receding election		day follow on or Spec	wing electi ìal)	on C	20th day of J (Year-End Rep	, ,
1. I co 2. I co rep	to M.G.L., Chapter ertify that I am a car ertify that I have not borting period, and dertify that I do not he	ndidate for or ho t received any co to not have a car	ontributions, mad mpaign fund in e	de any exper	nditures, or	r incurred a	my obligation	ons during this	
DATE	I. SIG Signed under the	NATURE penalties of per	1	RESIDENTI (Street and		ESS		OFFICE SOU	
0.27.15	- Will (66	Orcus	rd St	۷ .	school current	commitée - Inst see la	y re-ele

DATE	I. SIGNATURE Signed under the penalties of perjury	(Street and Number)	III. OFFICE SOUGHT
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Form CPF M 102: Campaign Finance Report Municipal Form

CITY CLEANS CARROS LEONERSTER, MA Office of Campaign and Political Finance

of Massachu	isetts		File with	: City or Town Cler	k or Election Commission
Fill in R	eporting Period dates: 10 Beginning Date: Jan 1	2015	Ending Date:	Oct 29 , 201 5	10/16/15 N
~ ~	Report: (Check one) y preceding preliminary 8th day preceding election	30 day after	election y	year-end report	dissolution
Donna J.	Ciccone	N.A.			
3011114 31	Candidate Full Name (if applicable)	L	Comn	nittee Name	
Ward 3 Le	eominster School Committee	N.A.	Complete Additional Medical Complete Co		
<u> </u>	Office Sought and District		Name of Cor	mmittee Treasurer	
164 Overl	look Dr., Leominster MA 01453	N.A.			
	Residential Address		Committee	Mailing Address	
Telephone N	(umber (optional): (978) 534-0561	Telephone Numb	per (optional):		
	SUMMARY BALANCI	E INFORMA	ATION:		
	Line 1: Ending Balance from previous report		1	0-	
	Line 2: Total receipts this period (page 3, line 11)		A management	0-	
	Line 3: Subtotal (line 1 plus line 2)		- O	_	
	Line 4: Total expenditures this period (page 5, line	14)		0-	
	Line 5: Ending Balance (line 3 minus line 4)			-0-	
	Line 6: Total in-kind contributions this period (pag	e 6)		_0-	
	Line 7: Total (all) outstanding liabilities (page 7)			897.52	
	Line 8: Name of bank(s) used:				
certify that I i	Committee Treasurer: have examined this report including attached schedules and it is, to the best of ling all contributions, loans, receipts, expenditures, disbursements, in-kind cor y of all persons acting under the authority or on behalf of this committee in ac	tributions and liabi	ilities for this reporting	period and represent	campaign finance s the campaign
igned under	the penalties of perjury:		_(Treasurer's signature)	Date:	
OR CANI	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	nly)			
I certify the	e with Committee and no activity independent of the committee nat I have examined this report including attached schedules and it is, to the befall persons acting under the authority or on behalf of this committee in accorny liabilities nor made any expenditures on my behalf during this reporting pe	dance with the requ	e and belief, a true and cuirements of M.G.L. c.	complete statement of 55. I have not receive	of all campaign finance red any contributions,
I certify th	e without Committee OR Candidate with independent activity filing separated I have examined this report including attached schedules and it is, to the bestivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this contributions.	st of my knowledge -kind contributions	and liabilities for this r	reporting period and	represents the

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Data Da	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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			373
		•	
	333300000000000000000000000000000000000		
e 9: Total Receipt	s over \$50 (or listed above)	6	
e 10: Total Receipt	ts \$50 and under* (not listed above)	6	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

ine 9: Total Receipts aver \$50 (or listed above) ine 10: Total Receipts \$50 and under* (not listed above)	Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 10: Total Receipts \$50 and under* (not listed above)				
ine 10: Total Receipts \$50 and under* (not listed above)				
ine 10: Total Receipts \$50 and under* (not listed above)				
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ine 10: Total Receipts \$50 and under* (not listed above)				
ine 10: Total Receipts \$50 and under* (not listed above)	-			
ine 10: Total Receipts \$50 and under* (not listed above)				
ine 10: Total Receipts \$50 and under* (not listed above)	ing 0: Total Passints	over \$50 (or listed shove)		
ine 11: TOTAL RECEIPTS IN THE PERIOD			0	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Data Data	To Whom Paid	Address	Purpose of Expenditure	Amoun
Date Paid	(alphabetical listing)	Audress	rurpose of Expenditure	Amoun
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		Line 12: Total Expenditures over	r \$50 (or listed above)	
		I i 12. T-4-1 D 4!4 050	and and ont listed share)	Ò
		Line 13: Total Expenditures \$50 a	and finder. (not listed above)	<u> </u>
		Line 14: TOTAL EXPENDITU		0

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	1			
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			Control of the Contro	
	•			
				7
		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and un	nder* (not listed above)	0
		Line 14: TOTAL EXPENDITU	ı	A
		include them in line 12. Line 13 sho	-	\mathcal{O}

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 5

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				COLUMN TO THE PARTY OF THE PART
	3122760			
		Line 15: In-Kind Contributions o	ver \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$5	r	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	8

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Oct 5, 2011	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Campaign signs	532.71
Oct 7, 2011	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Bumper stickers	121.78
Sep 7, 2013	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Re-elect decals	171.32
Oct 31, 2013	Donna J. Ciccone	164 Overlook Dr Leominster MA 01453	Re-elect decals	71.71
				Provide Contract of the Contra
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	897.52



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE LEOMINSTER, MA

****	*.*.	
HILA	with:	
* 110	LA TITLE	

Fill in dates:

City or Town Clerk or Election Commission

2015 OCT 27 Please print or type all information, except signatures. Reporting Period Beginning Ending (Type of report: (Check one) ☐8th day preceding primary ☑8th day preceding election ☐year-end report □dissolution ☐ other (specify) Office Sought and District Uniper Residential Address Committee Mailing Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4)

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Line 6: Total in-kind contributions this period (page 4)

Line 7: Total (all) outstanding liabilities (page 4)

Line 8: Name of bank(s) used \(\tau \)

Signed under the penalties of perjury:

Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

0-26.18

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page

number o	The second secon			
Date	Name and Residential Address	Amount		Occupation & Employer
Receive	ed(alphabetical listing required)			(for contributions of \$200 or more)
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19/29/15	1-G54Q1E Styleominster MACYS	1100.	00.	Agricultural and the second and the second
A - 100 454	Chairfoux-Zepher, Susan	100		Executive Sirector
19/19/15	437 West St. Leominster MA	1200	5	Ginny's Helping Hands and
11/11/19	D Cocd o Trucking + Son	1.000		trod protry
10/4/15	D. Cordio Trucking 4 Son 585 Willard St. Leominster MAYS3		Ł X	
	01453	100	(QQ) .	
10/6/15	Depasquale, Joseph			
1016112	37 Arlington, St. Leominster MA	100	Ø.	
1.	Easter, Mark			V.P. Fnformation Systems
Idilis	Marwoods Lane Lancaster MA	245	40	Sterlite Corporation
5 5 6	Freiso, Patricia	200 1 200		
19/29/15	A Briar Rd Leominster MAOUSS	100		
		100		
9/30/15	Freiss, Richard	To day		
	29 Briar Paleominser MA0453	100	∞	ATTACA SAMERA WAR AND A
10/4/15	Gage, JCan 16 Banfordave Fitchburg MA ONGO		333	
	16 Banfordaue Fitchburg MA ONE	1001	60	建筑在大型的外人 。1991年11日 1991年
سنى إنسام	Marchetti, Mary		***	
101/113:	GHEVA DY Leominster MAY COMES	100 k	26	
01,-15	ASSESS TRANSPORTED		7	MOTER
411210	Depher, Jr, Edward	200	77	Miko Solutions
4.	#37 WEST St. Leominster Mark	OCEN		MACHERITA
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Line 9:	Total receipts in excess of \$50 (or listed above)	为包料。	極過	Barrier Commence of the Commen
Line 10:7	Total receipts \$50 and under* (not listed above)	900	製料 成	the property of the first most true from the contract of the first of the contract of the cont
A 5 15 19 19 19 19 19 19 19 19 19 19 19 19 19	OTAL RECEIPTS IN THE PERIOD	000		Inter on page 1, line 2
- 3000		Time 10	130	include only those receipts not itemized

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
9/24/15	Add-A-Sign	136 Pond St. Leominster MACUS	<u>banner</u>	127 63
9/24/15	BJ's Wholesale	leominster M4 01453	Licorice for JA Festivel	58 38
9/17/65	Dirt-Cheapsigns	7301 Bark RanchAd Lagovista TX 18645	Vard signs and carmagnets	454 3
10/1/15	Dirt Cheapsigns	7301 Bark RanchRd Lago Vista TX 78645	yard signs	292 95
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	1 1 ₂	* ****	penditures over \$50	33 85
			penditures \$50 and under	56 81
Ent	ter on page 1, line 4	* ** * *** * ****	TAL EXPENDITURES inc 13 should include only those	40 06

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not temized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/21/15	Edward Zaphir	437 West St. Leominster, MA	Boston Bruins Tickets	\$1900
9/21/15	Susan Zephin	437 West St. Leominister, MA	Boston Celtics Tickets	300
		Line 15:	In-kind over \$50	#390.00
		Line 16:	In-kind \$50 and under	\$350.00
Enter on page 1, line 6 Line 17: Total In-kind		740.00		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
:				
•				
	Enter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance $-3.7\%0\,E$

LEOMINSTER, MA

of Massachusetts	7615 66 1 27 File with: City of Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	ril 14, 2015 Ending Date: October 16, 2015
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Cody Cai'SS C Candidate Full Name (if applicable)	Committee to Elect Cody Causse Committee Name
School Committee at Large Office Sought and District	Patricia Caisse Name of Committee Treasurer
35 Barry Ln, Leominster, Ma. 01453 Residential Address	35 Barry Ln, Leominster, Ma. 01453 Committee Mailing Address
Telephone Number (optional): 978-602-6194	Telephone Number (optional): 978-798-2363 (treasurer)
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	8
Line 2: Total receipts this period (page 3, line 11)	2591.29
Line 3: Subtotal (line 1 plus line 2)	2591.29
Line 4: Total expenditures this period (page 5, line	2141.05
Line 5: Ending Balance (line 3 minus line 4)	450.24
Line 6: Total in-kind contributions this period (pag	ge 6) 400.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Bank N.A.
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best o ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co inance activity of all persons acting under the authority or on behalf of this committee in ac igned under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting p	rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separations. I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the
Cody-Caiss	10/26/2015

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

report all receipts. I	Please include your committee name and a pa	ige number on e	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/14/15	Lionel Charpentier 115 Eleventh St., Leom, Ma	\$500,00	Retired
4/14/15	Patricia Caisse 35 Barry Ln, Leom, Ma.	\$100.00	
4/30/15	Ann Finch-35 Barry Ln, Leominster David Henning-35 Barry Ln, Leom. Kailey Vazquez-Johnson St, Leom.	\$450,00	Librarian, Leom. Public Library
5/14/15	Spencer Harrington 8 Cotton St., Lean, Ma.	\$240.43	Student - FSCU
5/18/15	Fundraiser Depositi CK# 1096 \$35 CK#198 \$50 Remainder= CAST	\$1155,60	Rodney By ton . 144 Bel Air DR. Fitchburg \$100 Denotion CK#8067. Norman Charpentist - FY Crisci St. Leomin \$100 Denotion: CK#1003
5/21/15	William O'Malley 112 Sycamore Dr., Leom, MA	\$95,86	IT Specialist - Avery Dennison
5/26/15	Pault Cindy Tresaloui 148 Straw Avr, Leominster	\$.50,00	
9+30/15	Victorystore, com Seattle, Washington	\$ 424.43	POS CREDIT for SIGN order could not be processed.
Line 9: Total Receip	ots over \$50 (or listed above)	\$2591.29	
Line 10: Total Receip	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	\$2591,29	Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/16/15	FOE 477 Leominster Eagles	456 Litchfield St Lecm, Ma. 01453	Rent hall for fundraiser	\$150,00
4/23/15	Nation builder "	520 S. Grand Ave Las Angeles, CA 90071	Website Host	\$19,00 Hest Monthly
4/23/15	Namecheap.com	California	register a Domain	\$10,87
5/6/15	Victorystore, com	5200 STV 30th St Davenport, Iowa 50	VOTE CODY CAISSE STICKENS	\$112.88
5/11/15	Lowe's	198 New Lancaster Leom, Ma. 01453	Paint for old signs	\$8,99
5/15/15	Staples:	289 N. Main St Lean, MA 01453	purchase t creation of :Banner	\$ 50.35
5/22/15	Nationbuilder	520 S. Grand Ave Las Angeles, CA	Website Host	\$ 19.00 Monthly
6/5/15	overnight prints, com	7582 Las Vegas Blvd Las Vegas, NV 89123	Magnets	\$410,15
69/15	victory store, com	5200 SW 30t St Daven port, Iowa 52802	Door Knob Hangers	\$577.27
6/11/15	Rhode Island Novelty	350 Commerce DR Fall River, MA 02720	Bubbles/glowsticks for Starburst	\$108.63
6/11/15	Lowes	198 New Lancuster 20 Leven, Ma. 01453	Fount + brush for Old Signs	\$11,93
6/16/15	Walmart	11 Jung 1-e Rđ Leom, Ma. 01453	popcorn for Summer Stroll	\$ 17.88
		Line 12: Total Expenditures over \$50 (or listed above)		
	Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

see to fa Next Pag

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
G/23/15	MCC Leam Inster Clerk	25 West St Leom, Ma, 01453	VOTER DATA	\$59,00
6/20/15	MCC Leominster Clerk	25 west St. Leom, Ma. 01453		\$2.67
(dəə/15	Wation builder	620 S Grand Ave. Las Angeles, CA	LUEBSITE HOST	\$19,00
7/22/15	Nationbuilder	520 S Grand AVR Las Angeles, CA9007	wessite Host	\$19.00
8/24/15	Nationbuilder	570 S Grand Av e Las Angeles, CA 90071	Websire Host	\$19.00
9/14/15	Oriental Trading	POBOX 2308 OMaha, NE 68103	Monogrammed penals for JA Festival	\$67.98
9/14/15	Rhode Island Novel	350 Commerce DR. Y Fall River, MA 02720	Brubbles for JA Festival	\$29.31
9/22/15	Nation builder	520 S Grand Ave Las Angeles, CA 90071	Website tost	\$19,00
9/24/15	VICTORYSTORE	5200 SW 30th St Davenport, Iowa 52802	New Signs (returned)	\$ 1/24.43
9/30/15	Supercheapsigns	9200 Westford Ctr Awstin, TX 78758	Blud New Signs:	\$409,14
			* *	
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 \rightarrow Line 14: TOTAL EXPENDITURES IN THE PERIOD 2/41.05				

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/2a/15	Karen's Closet	51 Sunrise Ave Leominster, Ma:	Donation from Committee to elect Cody Carsse to Karens	\$400,00
		Line 15: In-Kind Contributions over \$50 (or listed above)		
	·	Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS \$400.		

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE LEOMINSTER, MA

of Measecheastra	•	LEVERINOTEN, MA	
File with: City or Town Clerk or Election Commission Please print or type all	information, except signature	2015 OCT 26 PM 7 58)
Fill in dates: Month Dates Reporting Period Beginning	Yeer Month Ending /O	Deto Your	
Type of report: (Check one) □8th day preceding primary 8th day preceding election	n □year-end report □di:	ssolution	
Full Name of Candidate (if applicable) Wayne Allen Nickel Office Sought and District Cocacilor Residential Address 162466 Tel. No. (optional)	Ruth Nic Name of Com	lect Wayne Nickel ittee Name Kel imittee Treasurer St Leom Ma Mailing Address Tel. No. (optional)	
	I (page 2, line 11) Period (page 3, line 14) s line 4) this period (page 4) lities (page 4)	\$ 0.0 \$ 500.00 \$ 500.00 \$ 482.00 \$ 482.00 \$ 370.00	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf Signed under the persons acting under	sements, in-kind contributions and liab of this committee in accordance with t	bilities for this reporting period and represents the	149
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST	SIGN BELOW)	_
Affidavit of Candidate: (check 1 box only)	20	a.	

contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.C.L. c. 55. I have not received any

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

	each page.		V(3)	Occupation & Fundamen
	Name and Residential Address	Amo	dunt	Occupation & Employer (for contributions of \$200 or more)
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	487 West 54 Leon			
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Line 10: T	otal receipts \$50 and under* (not listed above)	500 0	7	trafo bandar (dina). Propinsi na tabuna na mana mana kata da la tabuna na mana kata da mana kata da mana kata d Bandar kata da mana da mana kata
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THE SHAPE TO BE	Residence of the second	CANAGE CONTRACTOR	7	d include only those receipts not itemized

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
10/13/15	Champion Newspaper S+E Newspaper	285 Central St Leom, Ma	Newpaper Advertimen	-235	1/2
10/14/15	5+E Newspager	808 Main St	Newspager Advertiment	247	00
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	ter on page 1, line 4		xpenditures \$50 and under* OTAL EXPENDITURES 2	182 00	\dashv

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*		Description of Contribution	Value
	wayne Nickel.	182 Fifth 54 Leom, Ma	Flyirs	104,00
	Wayne Nickel	182 EHTH 57	stickers	103.80
		Line 15:	In-kind over \$50	207.00
		Line 16:	In-kind \$50 and under	63,00
- E	Inter on page 1, line 6	Line 17:	Total In-kind	270,00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/27/15	Wayne Nickel	182 Lifth St Leominoter	Campaign Expenses	370.00
				·
I	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	370.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Compaten and Political Phases:

OTTY

LEOMINSTER, MA

with:

City or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning / 1 20/5 Ending // Period Beginning / Period B
Type of report: (Check one) ☐ 8th day preceding primary ☐ 8th day preceding election ☐ year-end report ☐ dissolution ☐ other (specify)
Tel. No. (optional) Full Name of Candidate (if applicable) Free DA CAMMITTEE Committee Name Committee Name DONALD FRIGOLETTO Name of Committee Treasurer 770 N MAIN ST LeomINSTEL Committee Mailing Address 978 5 373777 x 12 Tel. No. (optional)
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used ROLLSTONE BANK + TRUST
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: 10-26-15
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Cosmuttee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed senter the penalties of perjury:

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

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If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	ın
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*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	/.			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
- E	inter on page 1, line 6	Line 17: '	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10-2506	CLAIRE FREDA	117 Debbie Dr	LOAR	2300
19-2-06	CLAIRE FRENA	LEOMISTOR MY	LOAN	4000
	*	·		
		·	•	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	6300

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance
OFFICE

LEUMINSTER, MA

City or To	own of: Leon	11115TER 2015 OCT	26 PM 3 21
Fill in Rep	porting Period dates: Beginni	ng Date: ////5 Endin	g Date: 10/26/13
8th da	Report: (Check one) y preceding	election	on 20th day of January (Year-End Report)
 I certify t I certify t and do no 	M.G.L., Chapter 55: that I am a candidate for or hold Municipathat I have not received any contributions of have a campaign fund in existence. That I do not have a political committee.	al Office. , made any expenditures, or incurred any o	bligations during this reporting period,
DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
10-26-1	D. M. I.D.	ZZY Merrian Ave	word 5 Camelon
-			
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Candidate algusture (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Phrance

CITY IN IMAIS OFFICE LEGISHISTER, MA

Commencedia H Massackgootta		. 4	14年リ	and Calif	.К, МА
ilo with: Ty or Town Clerk or Election Commission Please print or type all i	nformation, except si	guatures.	2015 OCT	26 P	'M 3 I
	Your Ending	Morth OCT	Dette / 6	You 2015	
Type of report: (Check one) 8th day preceding primary 8th day preceding election	□year-end report	□dissolutio	on 🗆 other	(specify)	
SUSAN CHALIFOX Zephin Full Name of Candidate (If applicable) Councilon AT LARSE Office Sought and District 437 West st Leominster Residential Address 978-265-2586 Tel. No. (optional)	437 WE	Committee No RO ZE, of Committee ST ST, Committee Mailing	amo PHIR Tressurer ESMINS, Address	· · · · · · · · · · · · · · · · · · ·	
Line 1: Ending balance from prev Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this pe Line 5: Ending balance (line 3 minus line 5: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used Leon	(page 2, line 11) riod (page 3, line 1 line 4) ris period (page 4)	\$ 5 \$ 7 \$ 6 \$ 6 \$ \$	126.09 585.00 837.09 786.12 050.97		
and avit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the nance activity, including all contributions, loans, receipts, expenditures, disbursed impaging finance activity of all persons acting payder the authority or on behalf of the Signed under the penul	he best of my knowledge an ments, in kind contributions this committee in accordance	d boliof, a true and	complete statem	od and repre	upalga sents the
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No. 4847

M.G.L. c. 55 requires that the name and residential address be reported in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

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4/14/15	Jeanne Zephin Leominsten	3.00	00.	ARTIST IN
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Line 9 Tot	al receipts in excess of \$50 (or listed above) in a	沙口人		Report Constitution of the
Line 10: Tota	al receipts \$50 and under* (not listed above)	10 a	O KIN	Section of the first section of the
2.6 34 3.6.	TAL RECEIPTS IN THE PERIOD	25 10	到追	oter on page 1, line 2
and I in the	The second of th	S185% 65 98.	品原	City of the partition and temperatures

If you have itemized receipts of \$50 and under include them in line 9. Line 10, should include only those receipts not itemized

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipt over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

number on cach page acety- a

Date	Name and Residen (alphabetical listin	g required)	Am	ount	Occupation & Employer (for contributions of \$200 or more)
10/6/15	Gregory Jry	Learnington St	250	00	Contractore
10/6/15	MARU PICUFORD		200	00	Self Employed
10/1/19	Robert 1000	samo Dr.	150	00	
10/6/15	THE CONCERTS AU	OL SOUTH ST.	150	06	
16/1/15	STNAM Clemoni	12 learn instruction Lune whom MADINA	100	00	Landing
10/6/15	SATHERINE MCDONARD	000	100	00	
	MIARA LOM	Leominater	100	20	A STATE OF THE STA
	TYCANK DEVELO	9 phiasait Rintin	100	10	
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	Jahn Kan Calleteo	main ST minster Mills			Alternative and the second of
10/6/15 N	10NICA CAMPOBASSO	eomistax	· · ·		100 100 100 100 100 100 100 100 100 100
lofe/is N	WARK ENTOW Land	iska MA	100 4		
0/6/15 /2	steel local learn	a cha	50 00		The second secon
Line 10 Total	Preceipts in excess of \$50 (or leave the contract of the contr	listed above)		· (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The same of the sa
	AL RECEPTS IN THE PE ized recepts of \$50 and under in		ine 10, sh	1.13-841.4	er on page 1, line 2 clude only those recelpts not itemized

P.3

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	alpha (alpha hetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more
10/7/15	DAND ROW ANDS 49 Brachen GIR Les minster	100	00	Service Control of the Control of th
<i>i</i> 1	And the second of the second o	·	12.00	and the decondance for the second of the sec
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1 (6)	Activities of the Control of the Con			
	A Company of the Comp	end a Committee	****	
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	Constanting to the	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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San and San an			中國於	· · · · · · · · · · · · · · · · · · ·
11/11/11/20 21 11 22	receipts \$50 and under* (not listed above)			The service of the se
	AL RECEIPTS IN THE PERIOD		Bo	ter on page 1 line 2

Le you have itemized receipts of \$50 and under include them in line 9. Line 10, should include only those receipts not itemized

Page 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on ea Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	dunt
10/1/15	John Freatoni	157 Seventh St Leominster MA	S16NS	400	06
10/15/15	FACTOTUM PRODUCTIONS	95 N. Main ST West Fond MA	LITERATURE	150	00
10/15/15	Susan Chalifoux Zephik - Reimburse	437 WEST ST Leominster	10/9 LUXVAY BOX FUND ARISER EXPENSES	1036	02
10/15/15	Susan Chaireax Zephia-Reimburse	437 West ST Leominster	MALLER + POSTAGE FOR 10/9 FINDRALLIN	200	10.
	V				
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				`,}	
				0.4	<u>.</u>
			openditures over \$50	86.12	2
Finte	r on page 1, line 4		penditures \$50 and under	86/3	2

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received	Residential Address Description of Contribution	Value
•			,
	•		
		Line 15: In-kind over \$50	
•		Line 16; In-kind \$50 and under	
- Et	iter on page 1, line 6	Line 17: Total In-kind	10-

⁴ If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULED: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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				de construir de cons
	.:			
Er	iter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	-0-



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

CITY CLERK'S OFFICE LEOMINSTER, MA

-		
File	with	:

2015 OCT 26 PM 1 24

ile with: ' ity or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: Month Date Year Month Date Year Reporting Period Beginning
Type of report: (Check one) Sth day preceding primary 8th day preceding election Spear-end report Specify)
Full Name of Candidate (if applicable) Ward I - CHY OUNT Office Sought and District 70 Eastern Ave Longinstic May Residential Address ON 53 Tel. No. (optional) Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used famultary (register line)
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign inance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ampaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: 24/20/6 Date Da
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
fillavit of Candidate: (check 1 box only)

Candidate signature (in ink)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Cosmulttee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed upder the penalties of perjury:

10/26/15 Date

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	ach page. Name and Residential Address (alphabetical listing required)	Amo	dunt	Occupation & Employer (for contributions of \$200 or more)
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	and the second s			
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		#		
3 3 3				Proprior and Sangard States (1)
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		to and the second of	****	
Wind North				
a de la constante				
Line 9: To	stal receipts in excess of \$50 (or listed above)			na in the second of the second
	ital receipts \$50 and under* (not listed above)	10		Berger in the second section of the section of the second section of the section of the second section of the section of t
me 11:TO	TAL RECEIPTS IN THE PERIOD	T. A.		Enter on page 1, line 2

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on ea Date Paid		Address	Purpose of Expenditure	Amount
	None			
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	- 1 (37.4 代) (3.2) - 1 (3.4 (3.1 (3.2 (3.2 (3.2 (3.2 (3.2 (3.2 (3.2 (3.2			Andrew Commencer
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22.24 to 30 to 7	**************************************	despription of the second		A STATE OF THE STA
	and the state of			
				ç
	3.2.3.		xpenditures over \$50 xpenditures \$50 and under*	0 -
r. Fr	nter on page 1, line 4		OTAL EXPENDITURES	0 -

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
11/1		70 EASTERN AVE	Electron Mgut	
15/70/3	MARK Feckley	70 EASTERN AVE Leominster, MA OMS3	Electron Mglt Celebration	122
	/			
		Line 15: I	n-kind over \$50	122
	_	Line 16: I	n-kind \$50 and under	-0
Enter on page 1, line 6		Line 17: T	otal In-kind	122,-

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/ 1	GAITP. Feckley	10 EASTERN AVE LOWNINSTERN MA 01453 70 EASTERN AVE	Campaign LOAN	261
9/30/2011	Cail P. Fickley	Ceonunster, MA 01453 70 EASTER ATE Leinunster, MA 01453	CAM paign (DAN)	515.67
		Carrier Silver, All Ones	CHI GAS, JO COUN	900
	E. d			
•	Enter on page 1, line 7	Line 18: OUTSTANDING 1	LIABILITIES (ALL)	1,042.67

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page murnber on each page.

Page 4



Form CPF D 102: Campaign Finance Report

Form CPF D 102 : Campaign Finance Report Office of Campaign and Political Finance
File with: Director
Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 (617) 727-8352 Please print or type all information, except signatures.
Fill in dates: Month Date Year Month Date Year Reporting Period Beginning 9 10 2015 Ending 10 26 2015
Type of report: (Check one) Initial Report
Michael D. Della Montica Full Name of Candidate School Committee Office Sought/District 79 Bicintennal Aug- Residential Address Lommittee, MA Olys 3 Tel. No. (optional) Committee to Elect Michael Committee Name Christing F. Dolla Montica Name of Committee Treasurer 982 South St. Fitchburg, MA Oryso Committee Mailing Address 718.3471914 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 3) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Farily Federal Sauriage
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalities of perjury: Date Date
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report, and attached schedules, and it is, to the best of my knowledge and helief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate signature (in ink)

SCHEDULE A: RECEIPTS

INITIAL REPORT: Report any receipts received before appointing the depository bank

OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports

filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more	
10/9/15	Michael Della Morala 29 Bientenial Ane Learinster, Mai	800	a	Self Juttorney	
	Noelle & Thomas Bookin Jr. 64 Beal St. Lünenburg, My 01461	100	60		
		·			
Line 9:	Total receipts in excess of \$50	900	vo		
Line 10:	Total receipts \$50 and under	570	ov.		
Line 11: TOTAL RECEIPTS IN THE PERIOD			00	Enter on page 1, line 2.	

SAVINGS ACCOUNT INFORMATION

Yes

Are there any campaign funds on deposit in savings accounts/CDs etc.? \(\sumsymbol{\substack} \) No (go to page 3) \(\substack{\substack} \)						
If yes, complete the following:						
Name(s) of Bank(s) and/or CDs	Amount in account/CD etc.					
	\$					
	\$					
	\$					
	\$					
SAVINGS ACCOUNT/CD TOTAL:	\$					

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

SCHEDULE B: EXPENDITURES

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
10/23/15	Della Monuca, Michael	29 B/contenta/Ave Leannate, MA 0145)	reimburse Por Campalan signs purchas	758	34
K i J	۲۱ ا	,) /· ·	relativese for pure you		80
ti 13	. // . // // // .	<i>[</i>	reinbrige for Facebode als	150	00
учусю - ч 		Line 12:	Expenditures over \$50	908	54
	·	Line 13:	Expenditures \$50 and under	48	80
E	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	957	34

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
10/2/15	Philip Wexler.	9 Arrowherd Dr. Leminste, MA 0/459	graphic dealgn	450-	
		t state			
		,			
		Line 15:	In-kind over \$50	450-	
		Line 16:	In-kind \$50 and under	100-	
	Enter on page 1, line 6	Line 17:	Total In-kind	550-	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

**************************************	Enter on page 1, line 7.	Line 18: OUTSTANDING	LIABILITIES (ALL)	

SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT

All candidates and committees must fill in part A or part B.

Part.A:

IX No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement,

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Acquired			
	And the second s	•	
			:
	Acquired	Acquired	Acquired

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	1 60 10 10 10 10 10 10 10 10 10 10 10 10 10	Disposition Value Attach statement of how value is determined.
¥				

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page:

アントの主義など、東京の主義のアンスを、アンスの大学を開発を発展している。

^{*} An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission
9-22-2015 Ending Date: 10-16-2015
LEUMINTER, MA
7615 APT 20 500
m [30 day The Location 12 H3 ar-end report] dissolution
Committee to Elect DeboRAH Toivonen
Conumittee Name
DONNA FIDUCCIA
Name of Committee Treasurer
453 75 Constitution Dr. Leoninster Ha 01453 Committee Mulling Address
Telephone Number (optional): 978-534-3566
NCE INFORMATION:
- 6
1378-99
line 14) 373.99
1,005-7
(page 6) . 50.7
7) 63. 7
BANK & TRUST
best of any knowledge and ledfel, a true and complete statement of all campaign finance ind contributions and fubilities for this reporting period and represents the campaign of a accordance with the requirements of M.G.L. c. 55.
(Treasurer's signature) Date: 10/25/2015
bos only)
the best of my knowledge and belief, a tree and complete statement of all campaign finance cacerdance with the requirements of M.G.L. c. 55. I have not received any contributions, ling period.
the best of my knowledge and belief, a true and complete statement of all campaign ints, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.F., c. 55.
(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Please include your commune name am a page 11 Address	The section of the se	
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9-23-2015	Jennie Caissie, Ally Three Bowlen Ave. South bridge, Many 01550	* 100.	
9-23-2015	Lew EvangelidIS AIS Newell Rd. HOLDEN, MA 01520	100.	
10-13-2015	Robert T. Jones 112 Chapman Place Leoninster, MA 01453	100.	
9-23-2015	Dean MAZZAKELLA 41 MAIN St. Leominster, MA 01453	¥ 100	
9-23-2015	KATHRYN F. Pileeki 161 WALLACE Hill Rd TOWNSPND, MA 01469	75.	
9-15-2015	Deborah Toivonen 14 Macintosh Lane Leoninster MA 01453	13.	LOAN
Line 9: Total Receipt	s over \$50 (or listed above)	# 488.99 890.99	
Line 10: Total Receip	ts \$50 and under* (not listed above)	890.99	
Line 11: TOTAL RE	CEIPTS IN THE PERIOD		Enter on page 1. line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	7.4da N. 23.E 5-7800-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
100 h			
		Parallel and a street of the s	Cont. (Cont. (Co
·			
ine 9: Total Receipts	over \$50 (or listed above)		
ine 10: Total Receipt	s \$50 and under* (not listed above)		
ine 11: TOTAL RE	CEIPTS IN THE PERIOD	1,378 1	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULES: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page openior on each page.

report all expend		nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpase of Expenditure	Amount
10-82015	WOREAST Designs	435 LANCASKR St. Blocks Leominster, MA 01453	EketiON SIGNS Q+V-50	\$ 300.00
		AND LEGAL AND STREET		
			The second secon	
				Annual An
	The second secon			
	The second secon	A consideration of the construction of the con		
				·
	7.5	Line 12: Total Expenditures over	\$50 (or listed above)	300.92
	, so - 1	inc 13: Total Expenditures \$50 a	nd under* (not listed above)	73.00
	Enter on page 1, line 4 →	.ine 14: TOTAL EXPENDITUR	ES IN THE PERIOD	373.99

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

SCHEDULE B: EXPENDITURES (continued)

5	To Whom Paid	and the second s				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
		Por Principal Control of the Control		To a control of the c		
	Profession with the same sections of 1- minutes have been distinct by the first section of the same sectio					
	The second secon	Secretaria de la compansión de la compan	AND THE CONTROL OF TH			
		To the second se	Service of the servic			
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	A STATE OF THE PARTY OF T	The second secon	Control of the Annual Control of the Annual Control of the Annual of the Annual Control	and the state of t		
	·					
11	Para tana angkangkay ayan panan ananan anana da Makadahar Masa angkanan angkanan angkanan angkanan angkanan an					
				-		
			Control of A North Basic Paint and Advantage of the Control of the			
	n an angulatapan kanan a samun ay an bahar kip penganan angunahan pengalah gi a siyayana sahat an angun					
en mendeliningen er men						
	The state of the s	A Secretary of the secr				
			The second section of the sec			
	Line 12: Expenditures over \$50 (or listed above)					
	Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on mage 1. line 4 →	Line 14: TOTAL EXPENDITE	URES IN THE PERIOD	3739		
	Gerese ou Page 17 min.			1001		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
		The Control of the Co			
		And the second contract of the second			
		Line 15: In-Kind Contributions of	over \$50 (or listed above)	Automotomy	
	Line 16: In-Kind Contributions \$50 & under (not listed above) 50.9				
•	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ntributions #	50.7	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULED: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whem Duc	Address	Furpose	Amousi
10-16-2015	NOREAST DESIGNS	435 LANGISTER ST Bldg 2015 Leoninster, M 01453	Sign- 4x4	\$ 50.00
9-15-2015	Deboralt Toivoner	14 MACINTOSH LANC Leaninster Mao1453	Parnting	13.
				,
				COMPANY STYLEY STATE OF STATE
				and the second s
	and the second second section of the second section sectio			
	Enter on page 1, line 7 → ₹	Rele: Total Outstandin	Cenarities (all.)	63/100



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaiga and Political Phasace

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15 BC	(E0)
7 23	艺艺

Consensative Add of Massachqueetts
File with:

Candidate algusture (in ink)

Commonweaks of Massachquetta	7 26 5
File with: City or Town Clerk or Election Commission Please print or type all in	formation, except signatures.
Fill in dates: Month Deb Ye Reporting Period Beginning () 23 20	() (202
Type of report: (Check one) ☐ 8th day preceding primary ☐ 8th day preceding election	□year-end report □dissolution □ other (specify)
Full Name of Candidate (if applicable) Leominsker School (annitive At-Large Office Sought and District 431 Pleasant Street, Leoninske, MA Residential Address 01453 975-527-0403 Tel. No. (optional)	Committee to Elect Andrea Freeman Committee Name Miriam Scagneth Name of Committee Treasurer 54 Green Street A405, Leaminstee MA Committee Mailing Address 01453 978-534-4965 Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period (Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus 1) Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used Relies	Salar Sala
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the finance activity, including all contributions, loans, receipts, expenditures, disbursed campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penal	nents, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.
Tressurer's signature (in ink)	16/25/2015 Date
FOR CANDIDATE FILINGS OF	YLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the finance activity, of all persons acting under the authority or on behalf of this commitmentations, incurred any liabilities nor made any expenditures on my behalf during Candidate with independent activity fill I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement	uitiee in accordance with the requirements of M.C.L. c. 55. I have not received any ag this reporting period. In separate report be best of my knowledge and belief, a true and complete statement of all campaign

campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

F	ach page.	· · · · · · · · · · · · · · · · · · ·	Occupation & Wanter	
Date Received	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
9/18/15	Edward W. Zepur, Jr., 437 West Sheet		00	Business Olyner, United Mastics
9/19/15	Dusan Chalifoux-Lephir, 437 West	200	00	Executive Director, Ginny's
7	Street, Leominister, MA 01453		7	-Helping Hand
5 .1	Mary A. Freeman, 3459 Lake Street, Valois, NY 14841		00	Refired
. 7	Elleen Barrett, boo E Green Ave	200	00.	Physician, UNM Hospital
1. (6	Callyp, NM 187 301			
		2000 (100 to 100		
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			1 33	
			1.24	
	The second secon		78.70 3.00 2.00 2.00 2.00 2.00 2.00 2.00 2.0	
		を 1000年度の で、 ・ 1000年度の で、 ・ 1000年度の で、		March 1 Control of Con
haggapaa pili a		is in the second	nation of houself a	ing part in special control of the property of the state
		is and the second of	14.74	
**************************************	general and the second of the	sa magazina di misara		Control of the Contro
The state of the s				
Line 9: To	otal receipts in excess of \$50 (or listed above)		TO	
ine 10: To	tal receipts \$50 and under* (not listed above)	120 1		right headan, da de fing among tank kengalan man mang menggalan kelalan di Bahajah kelalan sa katilikang dalam di pendaran menggalan seperaturah da katilikan da katilikan da katilikan da
ine 11: TO	OTAL RECEIPTS IN THE PERIOD	¥20 1		Enter on page 1, line 2

If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	ch page. To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
9/25/15	Steiples	289 North Mainst Leaminster, MA 01453	Post Cards	119	50
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	and the second s				
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				San	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		2.4		A	
	A CONTRACTOR OF THE PROPERTY O	photo construction			
·		Wish();			TOC
					· .
	2			3034	10
En	ter on page 1, line 4		penditures \$50 and under* OTAL EXPENDITURES		+

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			:	
		13	And the second s	
		Line 15: 1	In-kind over \$50	
	·	Line 16: I	n-kind \$50 and under	10.00
Enter on page 1, line 6		Line 17: 7	Total In-kind	10,00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
:				
			. •	
·				
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABII	ITIES (ALL)	n/a

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance OTTY OLERAS OFFICE

LEOMINISTER, MA

City or Tov	wn of: Leanine	¿ ha	Ma. 2	015 OCT 26 AM 10 12
Fill in Repo	orting Period dates: Beginn	ing Date:	January 100 End	ing Date: Oct 16, 2015
8th day	Report: (Check one) preceding	g election	30th day following elec	tion 20th day of January (Year-End Report)
Pursuant to M 1. I certify the 2. I certify the	.G.L., Chapter 55: at I am a candidate for or hold Municip			obligations during this reporting period,
DATE	I. SIGNATURE Signed under the penalties of perjury		RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
10/18/15	Rtuluran	<i>l</i> (Luca Sine Are	
	•			
, c				
		-		



Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance LEUMINSTER, MA

2015 OGT 26 Leominster City or Town of: Please print or type all information, except signatures. Fill in dates: Month Day Year Year Month Day Reporting Period Beginning January 2015 October Ending_ 2015

30th day following election

(Town or Special)

Pursuant to M.G.L., Chapter 55:

Type of Report: (Check One)

8th day preceding

preliminary/primary

1. I certify that I am a candidate for or hold Municipal Office.

8th day preceding election

- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS III. OFFICE SOUGH (Street and Number)		
10/24/15	Suzanne O. Keehle	541 Merriam Ave	At-Large School Comm	Hee
	2 0		5	
Mills of a fig. 4 has a second and a second a				
	· · · · · · · · · · · · · · · · · · ·	_		

20th day of January

(Year-End Report)



Type of report: (Check one) ☐8th day preceding primary

☐ other (specify)

□dissolution

	Form (N	02: Campai Aunicipal Fo Campaign and Poll	drm	ce Rep		n's OFFICE
Commentmedia of Measachepoits	•			•	. 4	LEGMINS	STER, MA
File with: City or Town Clerk or Election Commissi		se print or ty	pe all information	n, except sig	natures.	2015 OCT 26	PM 12 11
Fill in dates: Reporting Period Beginning	Month OS	Date	Yuur 2015	Ending	Month //	Dato 16	Your 2015

Wendy R. Wilks	CTE Wendy R. Wilks
Full Name of Candidate (if applicable)	Committee Name
At-Large School Committee	Nancy A. Wilks
Office Sought and District	Name of Committee Treasurer
142 Blossom Street	142 Blossom Greet
Residential Address	Committee Mailing Address
978 - 534 - 8729	
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALA	ANCE INFORMATION:
DOI/II/IIIII	ATOM ATT ORGANIZATION.

☐8th day preceding election ☐ year-end report

SUMMARY BALANCE INFORMATIO	N:
Line 1: Ending balance from previous report	\$ 0.00
Line 2: Total receipts this period (page 2, line 11)	\$ 2325.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2325.00
Line 4: Total expenditures this period (page 3, line 14)	\$ 2215.57
Line 5: Ending balance (line 3 minus line 4)	\$. 109.43.
Line 6: Total in-kind contributions this period (page 4)	\$ <u> </u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ 2000.00
Line 8: Name of bank(s) used Leominster Credit unit	on

Affidavit of Committee Tressurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Many a. Wika Tressurer's elgnature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the finance activity, of all persons acting under the authority or on behalf of this common contributions, incurred any liabilities nor made any expenditures on my behalf during Candidate without Committee OR Candidate with independent activity fill I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the Signed resider the penalties of the series	nittee in accordance with the requirements of M.G.L. c. 55. I have not received any ng this reporting period. Ing separate report Be best of my knowledge and belief, a true and complete statement of all campaign is, in-kind contributions and liabilities for this reporting period and represents the his committee in accordance with the requirements of M.G.L. c. 55.
Candblate signature (in ink)	Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on e Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	(for contributions of \$200 or more
10/1/15	Wendy Wilks 142 Blosson Steet, Learningter	2000	00:	Candidate / Grant Administrates
in a construction of the c	Security of the security of th	~		
1 To				
1. (4	Marie 35 70			
		and the second s		
			1 as \$34	
	and the second section of the second			
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	r makeri. Pri sa	arian aranga Pangaparan	and a	Andrews the special state the special section is a second section of the second section sectin
	the state of the s	ge saga ja saga asaga asaga asaga asaga asaga asaga asaga asaga asaga		and the second s
Charles of the Control of the Contro				
	· · · · · · · · · · · · · · · · · · ·			
11 277. 000 - 11	tal receipts in excess of \$50 (or listed above)	2000 (The second of th
**************************************	TAL RECEIPTS IN THE PERIOD	7327	Same	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	oun
9/10/15	Infinite Dezine	134 Lancaster Street Leominster, MA 01450	noebsite	500	00
.19/16/15	Minuteman Press	386 Summer Street Fitchlung, MA a 400	G) (ORE)	410	1-
14/0/15	Wext Day Flyers	435 N. Midland Ave Spaddlebruck, NJ 07663	CAMPATSh literature	. 371	3,
10/3/15	Postmartir	68 Main Street Leominster, MA 01453	Stamps	245	O.D.
10/4/15	signs on the cheap	11525A Stonehollow Dr. Awth TX 7875P	signs	589	.2
9/10/15	Stapks	289 North MAIN St Leominster, MA 014D	mailing supplies	99	84
	1. 1994年,1. 1994年 1. 1994年	1		t to be	
					,
					. :
	A CONTRACTOR OF THE CONTRACTOR	Batta Transport			
3		**************************************			では
				3,77,91,73,74	
	And the second	Line 12: Ex			57
		Line 13: Ex	penditures \$50 and under*	.n34.	
Em	ter on page 1, line 4	Line 14:TO	TAL EXPENDITURES	22/5 5	7

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				ŧ
				-
		Line 15:	In-kind over \$50	Ø
		Line 16: 1	In-kind \$50 and under	0
- Ė	enter on page 1, line 6	Line 17: 7	Total In-kind	δ.

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10/5/15:	Wendy Wilks	142 Blos som Street		
. , - , ,	·	Leominster, MA 01450	Campaign loan	2000,00
		·	·	
		,		
	To 1		•	
		·		
F	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$2000.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page mumber on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance OFFICE

of Massachusetts	7615 UCT 26 File Wiln: 1 City th Fown Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1-6-2015 Ending Date: 16-16-2015
Type of Report: (Check one)	
8th day preceding preliminary 🔊 8th day preceding election	30 day after election year-end report dissolution
Thomas F ARDINGER Candidate Full Name (if applicable)	Committee to Elect Thomas F. Ardins er
Counciler At LARGE /Leominsker Office Sought and District	Downs Fiduceis Name of Committee Treasurer
12 NARCISSUS Rd., Leom Nuster, MA 01453	12 NARCISSUS RD., Leoniusker, Ma 01453 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): 978-534-3566
ORLEAN & VEST EST EST EST EST EST EST EST EST EST	VET EXIETANTER & A TELEFONAL.
SUMMARY BALANÉ	E. Elderante e edula:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line 11)	3,625.
Line 3: Subtotal (fine 1 plus line 2)	3,625,
Line 4: Total expenditures this period (page 5, lin	
Line 5: Ending Balance (line 3 minus line 4)	\$ 615.
Line 6: Total in-kind contributions this period (pa	gc 6) 28.
Line 7: Total (all) outstanding liabilities (page 7)	* 3,500.
Line 8: Name of bank(s) used: Rollstone	BANK & TRUST
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaigu
Signed under the penalties of perjury Daniel M. Feducie	(Treasurer's signature) Date: 10/25/2015
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee and an activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accineurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
10-62015	Thoms F. Ardincer 12 NARCISSUS Rd LEOMINGTER, M40453	\$500,	LOAN		
10-13-2015	Thomas F. ARDINGER 12 NARCISSUS Rd. Leominster MA 01453	1,000	LOAN		
10-16-2015	Thomas F. Ardinger 12 Narcissus Rd. Leominster, MA 01453	# 2,000·	LOAN		
10-10-2015	DONNA FEBUREIA 75 CONSTITUTION DR. LEOMINSTER MADIUSS	100,			
		parenta augus muru shigil 1944-ya i ku mu Aki sa Sakkana			
		And the second s			
Linc 9: Total Receipts over \$50 (or listed above) # 3/605.					
Line 10: Total Receip	Line 10: Total Receipts \$50 and under* (not listed above)				
		0000,	← Enter on page 1, line 2		
* If you have itemized i	receipts of \$50 and under, include them in line	9. Line 10 should	include only those receipts not itemized above.		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		en er y y general som men er en	
		Common districts as a set of a children control of the children in the 20°T decay.	
Line 9: Total Receip	ts over \$50 (or listed above)	Constant Price	
Line 10: Total Receip	ots \$50 and under* (not listed above)	distributions.	
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD .	\$ 3625	← Enter on page 1, line 2
* If you have itemized r	eceipts of \$50 and under, include them in line		d include only those receipts not itemized above.

Page 3

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expend		nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-14-2015	HOLDEN LANDMARK (Champion)	1161 Main St. Holden, MA 01520	Advertising	\$687
16-14-2015	MASS. Republican PARTY	85 MERRIMAE St. Sulte #400 Boston, MA 02114	Maileas	1,760.
16-9-2015	Media One NE	Soutinel & Enterprise 900 Marin St. Po. Box 730 Frech box 6, Ma 01420	Advertising	588.
	·			
		The second secon		
		Line 12: Total Expenditures ove	r \$50 (or listed above)	2975.
		Line 13: Total Expenditures \$50	and under* (not listed above)	35
	Lange ,	Line 14: TOTAL EXPENDITU		3010.

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	der from the de la			
The state of the s				
				E-10/y t-1-1078 at the restaurant for installation and asset
			The control of the distribution of the control of t	
				d planta and an analysis of the state of the
		L		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and a	mder* (not listed above)	i Permus et y a Corre et specie, i la indicata la compania con produce del la colonia del la indicata processa El consecución de la compania del la compania del la colonia del la colonia del la colonia del la colonia del El consecución de la colonia del la colo
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD 4	3,010.

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		No. (Apr. 2017-2017-2017-2017-2017-2017-2017-2017-		
	,			
				Total and the second se
				LOTES IN COLOR
•		Line 15: In-Kind Contributions of Line 16: In-Kind Contributions \$ Line 17: TOTAL IN-KIND CO	over \$50 (or listed above)	190 2000040000
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	£ 29.
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	\$ 28.

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
10-6-2015	Thomas F. ADDING ER	12 NARCISSUS Rd LeominstelyM01453	LOAN	\$ 500.
10-13-2015	Thoms F. ARDINGER	12 NAREISSOS Rel Leominsler, M. 01453	LORN	1,000.
10-16-2015	Thomas F. ARDINGER	12 NARCISSUS Rd. Leoninskr.M. 01453	LOAN	2,000.
The second secon				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDI	NC LIABILITIES (ALL)	3,500,



Form CPF M 102: Campaign Finance Report Municipal Form Office of Compatga and Political Phasace

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File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning Month Dato Year 2015 Ending 10 - 26 - 2015
Type of report: (Check one) □8th day preceding primary ■8th day preceding election □ year-end report □ dissolution □ other (specify)
Nona L. Ojala Full Name of Candidate (if applicable) Ward 4 School Committee Office Sought and District 320 Pleasant St Residential Address 978 Leanningta MAO1453 5372904 Tel. No. (optional) Committee to Glect Vana Gala Committee Name Lave is E: Ojala Name of Committee Treasurer 320 Pleasant St. Committee Mailing Address Leanningta MAO1453 5372904 Tel. No. (optional)
CALE MENT DAY DAY VECTOR AND DECORAL MECOFF
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Levingser Gample Federal Attack of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Lawr 2: Lawrence
Treasurer's signature (in ink) Date 18/23/15
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.C.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed usader the penalties of perjury:
Candidate signature (in ink)

SCHEDULE A: RECEPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page

Date Received	Name and Residential Address (alphabetical listing required)	Am	ount	Occupation & Employer (for contributions of \$200 or more
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	stal receipts in excess of \$50 (or listed above)		10	
në 11: T(DTAL RECEIPTS IN THE PERIOD mixed receipts of \$50 and under include them in line 9	1. 14.73 1.45.51		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records; and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on eac Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
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			spenditures over \$50 spenditures \$50 and under*	
Ente	er on page 1, line 4		OTAL EXPENDITURES	

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	no a d'ida			
	no activity			
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,				
	-			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
Enter on page 1, line 6		Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	no activity			
	√			
		·		
·				
F	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance LEOMINSTER, MA

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10/21/2015

File with:

City or Town Clerk or Election Commission

Ending: 10/21/2015 Reporting Period - Beginning: 1/1/2015 Type of report: Pre-election

Mark Bodanza	Committee to Elect Mark C. Bodanza	
Full Name of Candidate	Committee Name	
City Councillor Ward 4	David Bodanza	
Office Sought/ District	Name of Committee Treasurer	
23 Kendall Hill Road	36 School Street	
Leominster, MA 01453	Leominster, MA 01453	
Residential Address	Committee Address	

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$4,349.95
Total receipts this period:	\$1,950.00
Subtotal:	\$6,299.95
Total expenditures this period:	\$1,525.0
Ending Balance:	\$4,774.95
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used: Bank of America	

Affidavit of Committee Treasurer:

I certify that I have examined this report, including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penal cles of perjury:

10.21.2015

Treasurer's signature (in ink)

Affidavit	ο£	Candidate	(check	1.	box	only)	:
-----------	----	-----------	--------	----	-----	-------	---

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

10-21-15

Schedule A: Receipts

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Date	Name and Residential Address	Amount	Occupation and Employer
8/27/2015	Connally, Barbara 55 Forsythia Road Leominster, MA 01453	\$500.00	Adminiatrative Assista Lisciotti Development
8/10/2015	Dandini, Steven 33 Farm Hill Road Leominster, MA 01453	\$200.00	Liquor Retailer Dandini Liquors
8/27/2015	Lisciotti, Gregg 83 Orchard Hill Park Drive Leominster, MA 01453	\$500.00	Development Self Employed
8/17/2015	Mullaney, David 17 Federal Circle Leominster, MA 01453	\$500.00	Consultant Self Employed
8/17/2015	Mullaney, Ryan 17 Federal Circle Leominster, MA 01453	\$250.00	Student
	zed Receipts mized Receipts pts	\$1,950.00 \$0.00 \$1,950.00	

Schedule B: Expenditures

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
8/7/2015	The Monterey Company, Inc. 70 Sw Century Drive, Suite 100-447 Bend, OR 97702	\$1,525.00	Promotional Coins
	zed Expenditures mized Expenditures ditures	\$1,525.00 \$0.00 \$1,525.00	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind contributions of more than \$50. In-kind contributions \$50 and under may be added together, from the committee's records, and included in line 16. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
Total Unit	ized Inkind Contributions emized Inkind Contributions nd Contributions	\$0.00 \$0.00 \$0.00	

Schedule D: Liabilities

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as the liabilities incurred during this reporting period.

Purpose

\$0.00

Date To Whom Due Amount

Total Outstanding Liabilities



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Phasace

Consciouvesità ef Massachapotis	CITY OLEM IS OFFICE
File with: City or Town Clerk or Election Commission	LEOMINSTER, MA
Please print or type all information, except sign	gnatures. 2015 OCT 19 AM 8 54
Fill in dates: Month Deta Your Reporting Period Beginning 1 2015 Ending	Month Desa Year
Type of report: (Check one) /	□dissolution □ other (specify)
Full Name of Candidate (if applicable) Word 3 City Council Office Sought and District 9 Deer Run Rd Leominster 9 Deer Run Rd Leominster	Committee Name M Souter of Committee Treasurer wn Road Leominster MA mittee Mailing Address 0-9666 Tel. No. (optional)
Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 1) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Leominster Orld	\$ (1075.43) \$ \therefore\t
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge at finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions campaign finance activity of all persons acting under the authority or on behalf of this committee in accordant Signed under the penalties of perjury:	s and liabilities for this reporting period and represents the
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE	MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge ar finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report. I certify that I have examined this report including attached schedules and it is, to the best of my knowledge an finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions are campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed reader the penalties of perjury: **Table 1.5.** **Table 1.5.** **Table 2.5.** **Table 2.5.**	the requirements of M.G.L. c. 55. I have not received any add belief, a true and complete statement of all campaign d liabilities for this reporting period and represents the
Candidate signature (in ink)	Dato /

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts

Dote	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more
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Line 9: 1	otal receipts in excess of \$50 (or instead and to)	ops contention	40A-10	White Control of the
Line 10: 7	otal receipts \$50 and under* (not listed above)	电影视频 器	が開発	AND THE RESERVE OF THE PARTY OF
11/20/2009	OTAL RECEIPTS IN THE PERIOD itemized receipts of \$50 and under include them in line	THE TOTAL		Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures; but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records; and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on ea		Address	Purpose of Expenditure	Amoun
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	1(1)	Line 12: E	expenditures over \$50 expenditures \$50 and under*	194. 294.
E	nter on page 1, line 4		OTAL EXPENDITURES	0

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
-				/
			·	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
- E	Inter on page 1, line 6	Line 17: '	Total In-kind	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/10/09	David Cormier	9 Deen Run Rd Leominster, MA 01453	Campaign/Loan	\$ 300.00
	·			
F	Enter on page 1, line 7	Line 18: OUTSTANDING 1	LIABILITIES (ALL)	\$ 300.00

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CHAY CHERRYS OFFICE LEOMINSTER, MA

City or To	own of: LEOMINSTE	- 11 H22, 0143	3 2015 OCT 19 AM 9 2
Fill in Rep	orting Period dates: Beginn	ing Date: SAN 1, 2015 Endi	ng Date: Oct 16, 2015
8th day	Report: (Check one) y preceding 8th day preceding	g election	tion
 I certify t I certify t and do no 	M.G.L., Chapter 55: hat I am a candidate for or hold Municip hat I have not received any contribution t have a campaign fund in existence. hat I do not have a political committee.	oal Office. s, made any expenditures, or incurred any o	obligations during this reporting period,
DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
Oct 1920	& James Savaria	156 Sylven ave	Councillor at large
<i>'</i>			
-	•		



Form CPF M 102-0: Campaign Finance Report Municipal Form Soffice Royale Office of Campaign and Political Finance

Romld Houle

2015 OCT 19 AM 11 24

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City or To	wn of:	MINS TES	· · · · · · · · · · · · · · · · · · ·
Fill in Repo	orting Period dates: Beginn	ing Date: Jaeu 2015 Endi	ng Date: Of Blo 301
Type of R	Report: (Check one)		
8th day	preceding 8th day preceding nary/primary	election 30th day following election (Town or Special)	tion
 I certify th I certify th and do not 	.G.L., Chapter 55: at I am a candidate for or hold Municip at I have not received any contributions have a campaign fund in existence. at I do not have a political committee.	al Office. , made any expenditures, or incurred any o	obligations during this reporting period,
DATE	I. SIĠNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
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